



**THE COMMONWEALTH OF MASSACHUSETTS**  
**EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY**  
**CRIMINAL HISTORY SYSTEMS BOARD**

**200 ARLINGTON STREET, SUITE 2200**  
**CHELSEA, MASSACHUSETTS 02150**

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**WWW.MASS.GOV/CHSB**

**Deval L. Patrick**  
Governor

**Timothy P. Murray**  
Lieutenant Governor

**Kevin M. Burke**  
Secretary of  
Public Safety and Security

**Curtis M. Wood**  
Executive Director

**NOTICE TO APPLICANTS**

To Whom It May Concern:

The Criminal History Systems Board (CHSB) has implemented an Identity Theft Index (ID Theft Index) for the purpose of assisting victims of identity theft that have a Massachusetts Criminal Offender Record Information (CORI) that is wrongly associated with their information as a result of the identity theft. Be advised, the CHSB ID Theft Index is limited to assisting victims of identity theft that have a Massachusetts CORI that is wrongly associated with their information; the ID Theft Index is not for individuals for example, that have solely had their banking or credit information stolen.

In order to apply for enrollment in the CHSB ID Theft Index, you will need to complete the information attached to this letter. The enrollment application information that must be completed and forwarded to CHSB includes:

- (1) Massachusetts Identity Theft Affidavit for CORI;
- (2) Identity Theft Victims Index File Consent Document;
- (3) A legible copy of a photographic form of government issued identification; and
- (4) A copy of the police report.

Enrollment applications submitted without all the documents listed in (1) through (4) will be returned to the applicant. You may also submit information with your enrollment application to substantiate your claim, including but not limited to court documents. Once you have completed this information please mail the documents to the: Criminal History Systems Board, ATTN: CORI Training and Compliance Unit, 200 Arlington Street, Suite 2200, Chelsea, MA 02150.



Upon receipt of a completed enrollment application, the CHSB will notify you of the date and time of your interview. At the interview, you will be photographed and fingerprinted. Upon review of the all information, the CHSB will notify you in writing whether you are eligible for enrollment in the CHSB ID Theft Index. If you are deemed to be eligible for enrollment you will receive a ID Theft Index Certification letter with a Personal Identification Number (PIN). You must disclose the ID Theft Index PIN Number to all entities, including employers that seek to conduct a CORI request through CHSB to ensure that the appropriate information is returned to the entity for your request.

For additional information regarding the CHSB Identity Theft Index please visit the CHSB website at: [www.mass.gov/chsb](http://www.mass.gov/chsb).

Sincerely,

A handwritten signature in black ink, appearing to read "Curtis M. Wood". The signature is fluid and cursive, with a large, stylized "C" at the beginning and a long, sweeping underline.

Curtis M. Wood  
Executive Director

### **APPLICANT CHECKLIST FOR CHSB IDENTITY THEFT INDEX**

Prior to submitting your CHSB Identity Theft Index Enrollment Application, please be sure that you have included the following information:

- (1) Massachusetts Identity Theft Affidavit for CORI: **REQUIRED**
- (2) Identity Theft Victims Index File Consent Document: **REQUIRED**
- (3) A legible copy of a photographic form of government issued identification:  
**REQUIRED**
- (4) A copy of the police report: **REQUIRED**
- (5) Documentation, including court records to substantiate your claim: **OPTIONAL**

**Be advised, incomplete applications submitted without the required documentation will be returned to the applicant.**

# Massachusetts ID Theft Affidavit for CORI (CHSB ID Theft Index)

***For Use by the Massachusetts Criminal History Systems Board Only  
DO NOT SEND THIS AFFIDAVIT TO THE FEDERAL TRADE COMMISSION (FTC)  
OR ANY OTHER GOVERNMENT AGENCY***

## **VICTIM INFORMATION**

(1) My full legal name is:

\_\_\_\_\_  
(First) (Middle) (Last) (Jr., Sr., III)

(2) I am or was known also by the name (include any maiden or prior legal name(s)):

\_\_\_\_\_  
(First) (Middle) (Last) (Jr., Sr., III)

(3) My date of birth is \_\_\_\_\_  
(day/month/year)

(4) My Social Security number is \_\_\_\_\_

**NOTE:** The Privacy Act of 1974 (5 U.S.C. § 552a) requires that local, state, or federal agencies inform individuals whose Social Security number is being requested whether such disclosure is mandatory or voluntary, the basis of authority for such solicitation, and the uses which will be made of it. Accordingly, disclosure of your Social Security number is voluntary. The Social Security number will be used as an identification tool; consequently, failure to provide the number may result in a reduced ability to make such identifications or provide future identity verifications.

(5) My driver's license or identification card state and number are:

\_\_\_\_\_  
(Issuing State) (License or ID Card Number)

(6) My current address is:

\_\_\_\_\_  
(Street Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(7) I have lived at this address since \_\_\_\_\_  
(month/year)

(8) I have lived at the following address (es) during the past ten (10) years (if different from above): (Please attach additional sheets if necessary.)

(a) Dates resided: \_\_\_\_\_  
(month/year to month/year)

\_\_\_\_\_  
(Street Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(b) Dates resided: \_\_\_\_\_  
(month/year to month/year)

\_\_\_\_\_  
(Street Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(c) Dates resided: \_\_\_\_\_  
(month/year to month/year)

\_\_\_\_\_  
(Street Address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(9) My daytime telephone number is (\_\_\_\_) \_\_\_\_\_

My evening telephone number is (\_\_\_\_) \_\_\_\_\_

### **How the Fraud Occurred**

**Check all that apply for items 10 - 16:**

(10) ☐ I did not authorize anyone to use my name or personal information.

(11) ☐ My identification documents (for example, credit cards; birth certificate; driver's license; Social Security card; etc.) were    stolen    lost on or about \_\_\_\_\_  
(day/month/year)

(12) ☐ To the best of my knowledge and belief, the following person(s) used or may have used my information (for example, my name, address, date of birth, existing account numbers, Social Security number, mother's maiden name, etc.)

\_\_\_\_\_  
Name (if known)

\_\_\_\_\_  
Name (if known)

\_\_\_\_\_  
Address (if known)

\_\_\_\_\_  
Address (if known)

\_\_\_\_\_  
Phone number(s) (if known)

\_\_\_\_\_  
Phone number(s) (if known)

\_\_\_\_\_  
Additional information (if known)

\_\_\_\_\_  
Additional information (if known)

(13) ☐ I do NOT know who used my information or identification without my knowledge or authorization.

(14) ☐ Additional comments: (For example, description of the fraud, which documents or information were used or how the identity thief gained access to your information.)

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(Attach additional pages as necessary.)

### Fraudulent CORI Information Statement

#### Completing this Statement

- Make as many copies of this page as you need.
- List only the offense(s) that you are disputing.
- If you have received a copy of your CORI that you believe contains information that does not pertain to you, you may attach a copy to the CORI and highlight those arraignments that you are disputing.

I certify that the following criminal offenses do not belong to me and should not be associated with my record.

Arrestment Date	Court	Docket #	Offense	Disposition

### **Victim's Law Enforcement Actions**

(15) (Check one.) ☐ I am ☐ I am not willing to assist in the prosecution of the person(s) who committed this fraud.

(16) (Check all that apply.) ☐ I have ☐ I have not reported the events described in this affidavit to the a local or state police agency.

\_\_\_\_\_  
(Name department where report was made)

\_\_\_\_\_  
(Date of report)

\_\_\_\_\_  
(Report number, if any)

(17)(Check one.) ☐ I have ☐ I have not filed an Identity Theft Report with the Federal Trade Commission (FTC).

**PLEASE NOTE:** It is not necessary to file an Identity Theft Report with the FTC in order to be entered into the CHSB's Identity Theft Victim Index. As instances of identity theft often lead to credit fraudulently obtained using your personal information, the CHSB wants to advise you of additional steps that you can take to further protect yourself. For more information, please visit the FTC's website at [www.ftc.gov/bcp/edu/microsites/idtheft/](http://www.ftc.gov/bcp/edu/microsites/idtheft/)

**This form may be used only for the purposes of the Massachusetts Criminal History Systems Board Identity Theft Index for CORI (ID Theft Index).**

### **Documentation Checklist**

Please provide copies of the following documentation:

(18) A copy of a valid government-issued photo-identification card (for example, your driver's license, state-issued ID card or your passport). If you are under 16 and don't have a photo-ID, you may submit a copy of your birth certificate, social security card or a copy of your official school records showing your enrollment and place of residence.



(19) ☐ A copy of the report you filed with the local or state police department.

**Please note: The Massachusetts Criminal History Systems Board reserves the right to require additional forms of information and/or identification in order to substantiate that your personal information has been falsely used by another individual with a criminal record. Affidavits will be considered incomplete if items 18 and 19 are not included. All incomplete affidavits will be returned to applicants and will not be reviewed until required information is submitted to the CHSB.**

**Signature**

I certify under the penalties of perjury that, to the best of my knowledge and belief, all the information on and attached to this affidavit is true, correct, and complete and made in good faith. I also understand that this affidavit or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date signed)

**AUTHENTICATION OF SIGNATURE BY NOTARY PUBLIC**

\_\_\_\_\_, SS.

The above-named \_\_\_\_\_, appeared before me, the undersigned authority, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_ and acknowledged the foregoing signature to be made of his or her own true free act and deed.

\_\_\_\_\_  
Notary public

\_\_\_\_\_  
My commission expires

## IDENTITY THEFT VICTIMS INDEX FILE CONSENT DOCUMENT

By signing this document, I hereby provide the Massachusetts Criminal History Systems Board (CHSB) my permission to enter my personal data into the Identity Theft Victims Index File, which may also be referred to as the Identity Index File. This information may include, but is not limited to, physical descriptors and identifying information including my name, date of birth, place of birth, Social Security number, the type of identity theft, and an Identity Index File Number assigned to me for future identification verification purposes to identify any Criminal Offender Record Information (CORI) that corresponds to me. I am also providing permission to enter my photograph and fingerprints into this file when that capability becomes available.

I understand that this information is being submitted as part of an administrative process adopted by the CHSB to accurately identify which criminal offender record information corresponds to me, thereby enhancing the accuracy of any CORI regarding me that may be disseminated by the CHSB. I am providing this data voluntarily as a means to document my claim of identify theft and to obtain a unique file number that I will provide to any CORI requestor to be used for future CORI Requests and associated identity verification purposes.

I also understand that this information may be shared with law enforcement officials and criminal justice agencies for use in any official function within their respective jurisdictions.

I understand that this is a legally binding document reflecting my intent to have personal data entered into the CHSB's Identity Theft Victims Index File. I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_